

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	2220	2-2-99
O.I.P.E. CLASSIFIER		48	7/8/99
FORMALITY REVIEW	XC	71470	7/21/99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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